



Request for Compliance Interpretation

Business Name: _____

Salina Address: _____

Contact Person: _____

Phone Number: _____

I have read the information provided by the City regarding the restaurant smoking ordinance, but still have questions as to how it may apply to my business and how I may come into compliance.

Question. (please provide as much detail as possible)

Mail To:

City Manager's Office
City of Salina
P.O. Box 736, 300 West Ash
Salina, KS 67401
(785) 309-5700

I would like:

_____ a phone call

_____ a written response

_____ a site visit at the restaurant with a city staff member to evaluate the situation.